ACCESS

Newsletter of the Nebraska Office of Rural Health,
Nebraska Department of Health & Human Services,
Division of Public Health
and the Nebraska Rural Health Association
for all rural health stakeholders

Issue 64, November 2011

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IMPORTANT NOTICE

The *ACCESS* newsletter, along with our library of back issues, has been available for several years on the Web at www.dhhs.ne.gov/orh. We have been asked to publish all newsletters in electronic-only versions. We are asking you to now subscribe to our electronic newsletter. To be notified when a new issue is available, please go to http://www.dhhs.ne.gov/newsletters/access/ and click on 'Subscribe to Access Newsletter.' (You will also be offered other health-related newsletters from the Department.) After subscribing, you will receive an e-mail notice from the Department letting you know that your subscription has been successfully created.

If you prefer, send your e-mail address to Ann.Larimer@nebraska.gov, and we will do this for you. Please e-mail Ann with any questions.

Rural alignment for the "new normal"

by David Howe

You probably wouldn't consider the Grand Canyon to be "urban."

Yet, this geologic wonder lies within the same urban Arizona county as Flagstaff, population 127,450. The East Coast's New York-Newark population of 1.8 million is obviously urban. But, so is Hermann, Missouri, with just 2,515 people.

Those are among examples that illustrate the blurring between "urban" and "rural" cited by public policy researcher Charles Fluharty in his presentation to the Nebraska Rural Health Association's Annual Rural Health Conference in Kearney.

He was setting the stage for why healthcare and other sectors of rural populations need to think in terms of a broader focus and wider partnerships within and outside their communities for their health and economic futures.

Definitions matter because they figure significantly into funding and policy direction, particularly in the current federal structure, according to Fluharty, President and CEO of the Rural Policy Research Institute (RUPRI), a consortium of the University of Nebraska, Iowa State University and the University of Missouri.

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Policy drivers, such as definitions of "rural" and "urban," need to be rethought in formulating solutions that will meet healthcare and economic needs of rural populations in the coming decade. That rethinking grows in importance as federal and state funding shrinks in a climate of global recession, Fluharty emphasized.

He sees the answer in a shift to "a more regional framework for policy-targeting." The regional approach is a way to not only survive but thrive in an environment of global economic stresses, in Fluharty's view. "We should be thinking about the new normal after we've walked over the hill (current economic crisis)," he said. "We need to rethink places, communities, and counties and build bridges to common regional futures."

It's time to realize that one rural population area isn't just like the next rural population. Rural areas can be very different from each other, with very different needs and very different challenges, requiring different responses, he said.

His isn't a story of gloom. On the contrary. "We have unique advantages in rural areas," he said, listing the following points in support of that view in Nebraska:

- A "phenomenal" rural community.
- Strong educational institutions, including universities and community colleges.
- Public/rural service institutions such as the Center for Rural Affairs, the Nebraska Community Foundation, and the Heartland Center for Leadership Development.
- Agricultural organizations.
- A strong rural infrastructure.

Programs, leadership, education—it all needs to be tied together through collaborative leadership, Fluharty said.

He mentioned the need for health and agriculture to align. He recalled a visit he made with major agricultural organization CEOs to some developed nations in Europe, where they learned that urban centers recognize the need to sustain rural areas. "Citizens have a right to receive services where they wish to live," Fluharty said.

While the U.S. doesn't want to be an European economy, it needs to get to where rural is a place with the same services as those of urban places, he added.

"A metropolitan focus for place-based programs ignores critical linkages with three-quarters of the U.S. natural resource base, and the 20% of the population which steward these national treasures," the RUPRI researcher said. "We will need to reframe relationships of urban futures with rural futures."

Federal policy innovations that "can truly matter to rural areas," according to Fluharty, include such things as the Obama Administration's commitment to "Place-based" policy, the White House Rural Council, USDA's Rural Innovation Initiative, and the HUD/EPA/DOT Sustainable Community Partnership.

A question Fluharty had for the healthcare sector at the conference was this: "What policy framework will best integrate rural and urban initiatives and programs, to the advantage of both constituencies and their communities and regions, while enhancing their sustainability and interdependence?"

He suggested that the answer lies in investing in place, as well as people, because people move. He mentioned the concept of regional centers that cut across urban/rural lines, forming public/private partnerships in collaboration of "place-based policy."

Rural resiliency is "our largest advantage," Fluharty said. But the "silos" need to be brought together for a rural healthcare sector, he continued, to discover new ways of finding public, private and philanthropic resources. Communities and regions that are going this route are the ones who are going to survive, according to Fluharty.

He urged those in the healthcare sector to see themselves as leaders in their rural communities.

"This is an uplifting message, because this is a realistic message," Fluharty said. ☐

Awards for Outstanding Rural Health Achievement were presented at the 2011 Nebraska Rural Health Association held in Kearney, NE September 21, and 22, 2011. The Nebraska Rural Health Association recognizes individuals who take leadership roles and who make a difference in healthcare in rural Nebraska.

"There are a few things more gratifying than the approval and recognition of our peers for a job well done," said Carly Woythaler-Runestad Nebraska Rural Health Association president. "That's why it is an honor to recognize these people for their work in the rural healthcare field."

A. The President's Award

The Center for Rural Affairs, A private non-profit organization founded in 1973, the Center for Rural Affairs works to establish strong rural communities and create genuine opportunity for all while engaging people in decisions that affect the quality of their lives and the future of their communities.

The Center's history on rural health issues dates to 1994 when the Center Board convened a Rural Health Care Task Force and studied rural health care issues and developed recommendations on rural health care access and infrastructure. Beginning in 1998, the Center released periodic papers describing the status of rural health and the disparities in rural health. In 2009, the Center began a full-scale project on health care reform and established itself as one of the nation's leading rural health care reform grassroots and advocacy organizations.

Since the passage of the Affordable Care Act, the Center for Rural Affairs educated rural people on how they benefit from changes to the health care system and on weaknesses in the law unique to rural people and places. The Center for Rural Affairs continues to influence health care reform implementation in Nebraska and other rural states by engaging rural people and bringing rural issues to the forefront.

B. Outstanding Rural Health Practitioner Award

The **Outstanding Rural Health Practitioner Award** recognizes an individual who is a direct service provider and who has exhibited outstanding leadership, care, and collaboration in improving health services in rural Nebraska. Those eligible for this award are individuals who provide direct patient care.

This year the award goes to **Dr. Amy Vertin** of Crete, Nebraska. Being a lifelong resident of Crete, Nebraska. Dr. Vertin renewed her hometown commitment on a professional level when she joined Crete Area Medical Center medical staff in April of 2010 as the Director of Emergency Services.

Since her appointment as the Emergency Department Medical Director, Dr. Vertin has aggressively pursued excellence in emergency management for Crete Area Medical Center as well as EMS in the Crete area.

"Dr. Vertin has the ability and desire to look at the big picture of the work environment, showing concern for how medical providers and nurses alike are impacted by change and working collaboratively to find the best solutions for all entities," stated Ruth Stephen, Chief Nursing Officer at CAMC.

This collaborative approach to leadership extends beyond the walls of CAMC. She currently serves as the Medical Director of the Crete, Dewitt, Dorchester and Wilber EMS squads. Her leadership has resulted in improved communication between the squads and the medical center, streamlined processes and the development of squad member skills.

This year, she worked in conjunction with local EMS squads, local law enforcement, public school administrators, area college students and CAMC medical staff to conduct a community wide disaster drill. The purpose of the drill was to create a scenario where all community entities would come together and learn how to better communicate and fine tune

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existing processes.

Perhaps one of the most notable outcomes in her short tenure at CAMC is the successful completion of a 9 month process to earn the designation of CAMC as a basic Level Trauma Center. This Certification places Crete Area Medical Center as an integral and elite member of the Statewide Trauma System.

"Dr. Vertin's ability to lead and inspire other makes her a truly effective leader," stated Carol Friesen, president & CEO at CAMC. "She brings together people from different walks of life to aspire to a common goal of providing exceptional care for our communities."

C. Outstanding Rural Health Achievement Award

This award recognizes individuals for leadership and noteworthy initiative in promoting the development of community-oriented, rural healthcare delivery.

Dave Palm, Nebraska DHHS-Public Health, has worked diligently for many years to improve healthcare in rural communities. From resource allocations to program development, Dave has provided the frame work for many of the rural healthcare programs in place today.

During this past year Dave has worked assiduously to promote the Medicare Beneficiary Quality Improvement Project. With great insight, Dave recognized this program as a tool to bring out rural hospitals together to work towards common quality, safety and financial goals. The benefits and outcomes of this project have the potential to positively affect the lives of so many in our rural communities. The health of the whole community will improve as a result of addressing and implementing best practice standards that will result from so many of us working together.

Dave initially set a goal of receiving participation agreements from 40 critical access hospitals for this 3 year program, Dave ended up with 61 of 65 CAH's signing letter of understanding.

It is Dave's leadership and grace that creates a culture of excellence in his department as well as those of us who work with him. The results of Dave's vision and hard work will have lasting effects on our rural Communities and Critical Access Hospitals.

For more information, contact: Melissa Beaudette, Nebraska Rural Health Association, mbeaudette@mwhc-inc.com ☐

MARK YOUR CALENDARS

Nebraska Rural Health Advisory Commission Meeting
Friday, November 18, 2011, 1:30 p.m.
Nebraska Department of Health and Human Services
220 South 17th Street - Lincoln, NE

Rural Multiracial and Multicultural Health Conference
December 7-9, 2011
Daytona Beach, Florida

NRHA Rural Health Policy Institute
January 30 - February 1, 2012
Capitol Hilton - Washington, DC

NRHA Annual Rural Health Conference
April 17-20, 2012
Denver, Colorado

2012 Nebraska Nebraska Rural Health Conference
September 19 and 20, 2012
Younes Conference Center - Kearney, NE

Nebraska Rural Health Advisory Commission Meetings for 2012
Dates to be determined

Building strong foundations for rural hospitals

By Jim Gustafson

With the uncertainty of future revenue sources for Nebraska's rural hospital, foundations may want to create a stable, predictable source of income to support the mission of the hospital and its programs by building endowment funds. An endowment is a permanent fund whose assets are invested to generate an ongoing source of income year after year. An endowment demonstrates security and long-term planning to donors. Endowments are an attractive option for donors who wish to make major gifts or create a gift in their estate plan.

The process of holding and managing permanent gifts can be complex. Several Nebraska hospital foundations have established affiliated funds with the Nebraska Community Foundation to hold, manage and build their endowments. Two rural hospital foundations have begun to create this new model.

Affiliation with the Nebraska Community Foundation:

- Allows the foundation to focus on its mission.
- Protects permanent assets from possible future neglect, shortsighted invasion, or improper use—the Nebraska Community Foundation serves as the guardian of the fund.
- Provides the foundation with access to the Nebraska Community Foundation's planned giving expertise.
- Pools the foundation's endowed assets with other Nebraska Community Foundation assets, allowing access to world-class investment managers.

The Nebraska Community Foundation provides the affiliated hospital foundation technical expertise in gift planning, including planned giving illustrations and other assistance to make even the most sophisticated gift arrangement convenient and understandable for donors and professional advisors. It helps the hospital foundation's donors to make their contributions in the most tax-effective manner. The Nebraska Community Foundation accepts non-cash gifts such as publicly traded and closely held securities, real estate, agricultural commodities, life insurance, and other types of gifts.

The hospital foundation's board members and staff may attend the Nebraska Community Foundation's workshops and webinars for training on how to build endowments and networking opportunities for sharing ideas with others involved in building endowments.

The Nebraska Community Foundation's statewide presence promotes greater awareness of the hospital foundation. The hospital foundation's fund is listed in the Nebraska Community Foundation's annual report, reaching a greater number of potential donors and professional advisors. By linking to the Nebraska Community Foundation's website, donors can contribute to the hospital foundation's endowment online. With the donor's permission, the Nebraska Community Foundation can provide announcements of significant gifts to news media across the state.

The Nebraska Community Foundation has been recognized by the Council on Foundations for having organizational and financial practices that meet the "National Standards for Community Foundations."

To learn how your hospital foundation can build an endowment please contact Jim Gustafson, Nebraska Community Foundation Gift Planning Director at (402) 323-7341 or at jgustafson@nebcommfound.org or visit the Nebraska Community Foundation's website: www.nebcommfound.org. ☐

For Shortage Area designations and more information on the Incentive Programs, go to our Web site:

http://www.dhhs.ne.gov/orh/

It's our time

By Laura Meyers

It's an exciting time for Telehealth as barriers to the use of this technology seem to be coming down every day through the concerted efforts of individuals and organizations across the nation, including members of the Nebraska Statewide Telehealth Network. Unfortunately, Telehealth "myths" still endure, many of which surround rules, regulations, reimbursement and expenses for Telehealth services.

For example, did you know?

- **Credentialing and Privileging:** The Center for Medicare and Medicaid Services has revised Medicare Conditions of Participation to allow hospitals where the patient is located to credential and grant privileges to practitioners based upon the review of the practitioner's primary hospital. This rule applies to sites other than hospitals, as well, including physician offices and ambulatory care centers, and applies as long as those services meet the hospital's condition of practice. This change is essential in allowing practitioners to provide clinical services via Telehealth anywhere in the State without undue cost and paperwork and in a timely fashion.
- **Reimbursement:** Insurance companies, Medicare and Medicaid reimburse practitioners for services provided via Telehealth.
- **Technology:** The National Broadband Plan has focused on enhancing broadband capabilities in underserved areas, opening the door for Telehealth to explore mobile technologies in rural and frontier areas. The Nebraska Statewide Telehealth Network is working on plans that will allow organizations and practitioners to use laptop computers, iPads, iPhones and other Android technologies, which are more mobile and less expensive, to connect to patients and to each other with high quality video and appropriate levels of security. This may allow populations that are difficult to serve, such as the homebound, inmates, skilled nursing patients and EMS patients to connect to a practitioner regardless of their location as well as provide easy access for practitioners already burdened with busy schedules.

How to Learn More

The Nebraska Statewide Telehealth Network, in partnership with the Nebraska Department of Health and Human Services, the Veterans Administration, the Nebraska Hospital Association and the Nebraska Medical Association, will be broadcasting a series of webinars to present further education to practitioners and others about Telehealth in the Spring of 2012. These webinars will provide information regarding how Telehealth can benefit both the specialist or family practitioner and the patient in meeting the patient's needs and providing a solid continuum of care. Topics will range from regulations and reimbursement to the latest technology and services as well as best practices in utilizing Telehealth to care for veterans in their communities. These webinars will be sponsored in part by a grant from the Office of Rural Health.

The Nebraska Statewide Telehealth Network: What's New?

With nearly $1.3 million in grants awarded to the Nebraska Hospital Association on behalf of the Nebraska Statewide Telehealth Network between 2008-2012, the NSTN has been able to support the following initiatives:

- Replacement of aging and obsolete cameras with high definition equipment at 38 sites;
- Implementation of high definition cameras and monitors for Tele-emergency at over 25 sites, bringing the number of hospitals with Tele-emergency capabilities in the state to around 80 hospitals;
- Implementation of high definition cameras and monitors for physician offices to help specialists more easily provide specialty services to rural patients;
- Implementation of the state's first beta project utilizing mobile technologies.

Over the next year, grant funds will be employed to further expand implementation of mobile technologies, and to place handheld high definition cameras in more than 20 hospitals for use in examining wounds and burns, providing dermatology consults and performing neurological exams, among other uses.

The projects described were supported by grant numbers H2AIT16616, D1BIT16666 and D1BIT10838 from the Office for the Advancement of Telehealth, Human Resources and Services Administration, DHHS; and, from the Nebraska Information Technology Commission. □

Nebraska Values Collaborative: from accountability to ownership in Nebraska hospitals

By John L. Roberts, MA

Nebraska hospitals are on one the cutting edge of a national movement. Nebraska healthcare organizations have been working very hard on initiatives such as quality improvement, patient safety, balanced scorecard, lean management, Team Stepps, Six Sigma, and other initiatives to build “accountability and measurement” into their organizations. It’s not surprising that most organizations are finding that these “left brain” management techniques can only take them so far in their quest for excellence. Quality, customer service excellence, community service, and superior financial performance are not values, they are outcomes. The reason this is so important is that helping people connect with the underlying personal values is usually the most effective way of achieving the desired outcomes.

As Kouzes and Posner have shown in their research, The Leadership Challenge, the more clear people are about their own values, the more they will buy into the values of the organization.

The truth is you can't hold people "accountable" for the things that really matter. Caring, pride, loyalty, fellowship, and passion all come from a spirit of partnership that is created by a culture of ownership. When employees fail to make the connection between taking responsibility for living their personal values and the accomplishment of organizational objectives, those organizations run the risk of falling short on promises made to customers, or worse, failing to meet ethical or legal standards.

The path to greatness is paved with “right brain” qualities, including such virtues as passion, courage, loyalty, and commitment. You cannot buy these qualities with a paycheck, and people will not go the extra mile just to please the boss or increase the success of the organization. They spring from deeply held personal values. Helping people do a better job of living their personal values – because it is in their interest to do so – is one of the most important investments any organization can make in the achievement of its goals.

The biggest challenge most organizations will face in the years to come is recruiting and retaining great people, and these people (especially in the younger generations) are increasingly demanding more from their jobs than a title and a paycheck: they want a worthy challenge and work that gives them personal meaning, within the context of an organization that stands for something greater than enriching the shareholders. They want to work at a place that takes values seriously.

Think of it this way: if a healthcare organization undertakes a building or remodeling project, it will hire a team of architects and designers to create a detailed set of blueprints specifying the location of every electrical outlet and the color of every carpet square. Considering that the "invisible architecture" of core values, corporate culture and the emotional climate of the workplace is far more influential on both the patient experience and the satisfaction of employees, it's surprising that in most organizations it is allowed to evolve haphazardly, without a plan or blueprint. It's been said with good reason that “culture eats strategy for lunch,” but it's a rare organization that puts as much thought into the cultural blueprint as it does into blueprints for bricks and mortar.

Through sponsorship of the Nebraska Values Collaborative, the following organizations are demonstrating their commitment to values based leadership in health care:

- The Nebraska Hospital Association
- The Nebraska Rural Health Association
- Nebraska Association for Healthcare Quality, Risk and Safety

The collaborative vision is to help Nebraska healthcare organizations foster a more positive and productive workplace culture by promoting values-based life and leadership skills, and to do so in such a way that it becomes a national model.

Eighteen Nebraska hospitals and over 100 hospital employees have been trained to become Certified Values Coach Trainers. (CVC-T) They will be going back to their organization to teach what they learned throughout their organization and eventually out into their communities. The next certified values coach training session is planned for April of 2012 in Hastings, Nebraska. □

A rural physician on a mission

By Susan Chrastil

Dr. Cameron Sidak, found his calling in Osceola, Nebraska, a small, rural town of 900 and officially began his medical practice at Annie Jeffrey Family Medicine the last week of July, 2010.

In December of 2010, Dr. Sidak participated in a humanitarian mission trip to Cap Haitien, Haiti after being contacted by a physician friend of his from his hometown of O'Neill. Cap Haitien is a city of about 190,000 people located on the north coast of Haiti. Haiti was devastated by a 7.0 earthquake on January 12, 2010. The island nation was extremely poor and politically volatile before the earthquake but since the quake has been locked in a state of perpetual devastation.

Dr. Cameron Sidak and the rest of the team arrived to work at the Bethesda Medical Clinic, located on a 33 acre compound outside of the city. It is surrounded by an eight foot wall with razor wire at the top. Because of the extremely poor sanitation situation and the limited infrastructure that is in place, there is an ever growing problem with cholera that has spread through the country. By the time Cam and his team arrived there were over 2000 deaths as a result of cholera in Haiti. Experts feared that because of a lack of education, sanitation and health care that the problem will continue for the next four of five years and will claim over 100,000 lives. Because of the cholera epidemic the Bethesda Clinic opened a new facility within the compound dedicated solely to treating cholera patients. That is the facility where his team spent most of their time while in Haiti. He described the trip as an extremely eye opening opportunity to work with patients who were having significant issues with cholera. "We actually had the opportunity to impact a lot of people's lives and saved quite a few of the patients who would not have otherwise done well. It was really difficult and really rewarding," said Dr. Sidak.

Our physician described how the patients never stopped coming during the entire week that the team was there. They would work throughout the entire day and then take four or five hour shifts in the evening to keep the medical services going 24 hours a day. "We spent a lot of time taking care of really really sick people." Many of these patients would have died without the help of the medical staff. Some of them did die. One in particular was a four-year-old girl who was brought in by her father. The team had a difficult time finding veins in the little girl to get the IV's properly flowing. Because she was so young and disoriented, she kept pulling the IV needles out once they finally were able to get them started. They tried to get her hydrated by giving her more to drink but she eventually passed out and went into cardiac arrest. They worked for 40 minutes trying to revive her but were unsuccessful.

Many of the poor come to use the clinic for all of their medical needs because they do not have the money to go to the state run hospitals. They also say they get better care at the Bethesda Clinic. Many of those who have worked at the clinic experience extreme burnout and fatigue from the long hours and endless line of patients.

After reflecting on his experience, Dr. Sidak would recommend to everyone to take this type of a trip sometime during their life. "It's important to understand what other countries have to endure to experience life."

Dr. Sidak grew up on a ranch in O'Neill, Nebraska. He completed his undergraduate degree at Wayne State College and then went on to the University of Nebraska Medical Center in Omaha for his doctor of medicine degree and residency program. Dr. Sidak noted that he especially appreciates taking care of patients in rural Nebraska.

For more information, contact Susan Chrastil at schrastil@gmail.com. ☐

A Public Health Partner For Rural Communities

By David Howe

Dr. Ayman El-Mohandes, dean of the College of Public Health at the University of Nebraska Medical Center, wants rural communities to know of the College's interest in working closely with them in making the state's rural residents healthier.

"We are trying to be a resource to you," Dr. Ayman El-Mohandes told those attending the Nebraska Rural Health Association's Annual Rural Health Conference in Kearney in September. "We'd like you to participate with us and create a dialogue."

In his presentation at Kearney, he emphasized that disease prevention is a centerpiece of health care reform.

Among the challenges for rural communities, he said, is identifying evidence-based interventions that work—interventions tailored to each community's challenges.

Dr. El-Mohandes cautioned that an intervention program that works in an urban environment won't necessarily work in a rural environment--or even from one rural environment to another, for that matter.

In Nebraska, he said with a bit of humor, the state was settled by stalwart people willing to take on conditions that would discourage many, devolving a "tough-as-nails" aspect to Nebraskans' culture. That needs to be taken into account in designing effective interventions for disease prevention.

In the past, responsibility for prevention in healthcare has too often been overlooked in many rural areas. Prevention among Nebraska's rural population lags that of urban populations in diabetes, cholesterol, and high blood pressure, according to surveys by UNMC's College of Public Health.

Dr. El-Mohandes, internationally known for his innovative solutions to eliminating health disparities, has put his public health expertise to work in many parts of the world, including Egypt and Krygyzstan. He acknowledged that it's a "very challenging task to make rural health work." He listed some of the barriers to implementation of public health interventions:

- Lack of personnel.
- Lack of funding reimbursement.
- Other infrastructure priorities.
- Competing pressures for funded programs.
- Lack of Knowledge of best practices.
- Geography (rurality/large geographic regions).

But, that doesn't mean there aren't solutions that work, according to Dr. El-Mohandes. It takes a commitment to rural health and learning, he said. He suggested partnering with larger groups of people. Because rural health is provided in isolation, "you can't afford to throw away anything," he said. "You have to be resourceful."

By that, he means that it's important to seek and share expertise—people of common thought and mind working together.

Collaboration is a key, Dr. El-Mohandes told the conference. Work with local health departments and community action programs to address public health needs within the community. Try to think of resources in your community with whom you can partner—maybe the local Wal-Mart or agricultural organizations.

Another resource might be a chronic disease self-management program, which can be found at: http://www.livingwellne.org. This six-session, interactive workshop, developed by Stanford University, is evidence-based and designed for use in Nebraska, according to Dr. El-Mohandes. "It helps people who have on-going health conditions learn real-life skills for living a full, healthy life," he told the conference. "Participants learn how to take small steps towards positive changes and healthier living."

People who complete the program could become trainers for others in a train-the trainer approach. Some of the most responsible diabetes patients, for example, can then coach other diabetics.

Yet another resource, he noted, is the Guide to Community Preventive Services. It's a free resource for choosing programs and policies to improve health and prevent disease in your community. Information on the guide can be found at: http://www.thecommunityguide.org. The guide can answer such questions as:

- Which program and policy interventions have been proven effective?
- Are there effective interventions that are right for my community?
- What might effective interventions cost; what is the likely return on investment?

"You need to be fierce advocates of interventions in your community," Dr. El-Mohandes told the conference attendees. "You need to challenge yourself." ☐

National Rural Health Day 2011

Celebrating the Power of Rural!

November 17, 2011 / www.celebratepowerofrural.org

In this country, approximately 62 million people – one in five Americans – live in rural areas. These community-minded people possess a selfless, "can do" spirit that has helped our country grow and thrive.

Rural communities are a wonderful place to live and work:

- They possess a strong sense of community where everyone has a voice – people know each other, listen to/respect each other and work together to benefit the community.
- They are wonderful places to start a small business and test your "entrepreneurial spirit."
- They provide America with a wealth of worthwhile products and services (farm commodities, clean energy, tourism/recreation).
- They can offer an outstanding quality of life.

Surprising things are happening in Rural America:

- Rural America has a rich history of creativity and ingenuity.
- Rural America is the economic engine that helped the United States become the world power it is today.
- Rural doesn't necessarily mean "remote" – diverse economic, cultural and recreational opportunities abound in rural America.
- Rural also isn't just "farming" – agriculture is an important component of the economy, but so are small businesses and larger industries.
- Rural areas in each part of the country are unique – rural New York is not the same as rural Arizona or rural West Virginia. But that's no different than urban parts of the country – southern California is not the same as southern Florida or southern Massachusetts.

Being a rural healthcare provider offers tremendous opportunities:

- Health care, like so many other things in rural America, focuses on relationships – healthcare providers get to know the people they care for.
- There is a more holistic, patient-centered approach to health care in rural communities – providers have the opportunity to provide more comprehensive care to their patients.
- Ambulatory and emergency medical services are especially critical in rural America, where 20 percent of the nation's population lives but nearly 60 percent of all trauma deaths occur.
- Rural hospitals are sources of innovation and resourcefulness that are able to reach beyond geographical boundaries and deliver quality care. They are also typically the economic foundation of their communities – every dollar spent on rural hospitals generates about $2.20 for the local economy.

Health care in rural America is unique:

- Rural health care is constantly evolving; it continues to tackle accessibility and health workforce issues while meeting the unique needs of aging and un-/underinsured citizens.
- Healthcare needs can't be addressed through a "one size fits all" approach – because each community is different, programs and policies must be flexible enough to enable rural communities to identify and address the unique needs of their residents.

For more information, or to tell us what you are doing, contact the Nebraska Rural Health Association: mbeaudette@mwhc-inc.com ☐

Means matter in suicide prevention

David Miers, PhD, BryanLGH Medical Center Mental Health Services

Suicide is a public health problem and remains one of the most tragic events a family and community can experience. Over 30,000 Americans die each year and hundreds of thousands attempt suicide each year. In 2010, suicide was the tenth leading cause of death for all ages combined in Nebraska and the second leading cause of death for Nebraska Youth aged 10-19. Suicide is preventable and communities need to take action.

The reduction of lethal means is an effective way to increase the chances that a suicidal person will receive the assistance they need rather than have tragic results.

A powerful risk factor for suicide deaths is the ready availability of highly lethal methods. Research indicates that firearms are the method most commonly used in suicides. Poisoning is also one of the top methods of death by suicide. BryanLGH Medical Center and the Nebraska State Suicide Prevention Coalition have developed a means restriction handout for healthcare providers and families on gun and medication means restriction.

By working with family members and care providers to reduce a suicidal person's access to guns and medications, we will help ensure that more people get another chance at life.

This handout is available for dissemination to families, emergency providers, emergency rooms, and other healthcare providers as a teaching tool on means restriction education. The handout can be found under the resource tab at: www.youthsuicideprevention.nebraska.edu or on the main page at: www.suicideprevention.nebraska.edu and can be reproduced as needed.

Another suicide prevention resource is a recently released 36-minute video, "Ask a Question, Save a Life." This video, funded in part by SAMHSA and produced by Nebraska Education Television with the support of Interchurch Ministries of Nebraska, BryanLGH Medical Center, and the Kim Foundation discusses three groups of people at high risk for suicide: youth (suicide is the second leading cause of death for young people in Nebraska), the military and older adults. To download the video go to http://real.unl.edu/programs/Suicide/1-Suicide.html. To request a DVD of "Ask a Question, Save a Life" or for more information about the Nebraska State Suicide Prevention Coalition, contact Interchurch Ministries of Nebraska, im50427@windstream.net, 402-476-3391.

Ifyou or someone you know is in crisis, please call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255). ☐

Veterans hotline and online chat

With Help Comes Hope

Are you in crisis? Please call 1-800-273-TALK
Are you feeling desperate, alone or hopeless? Call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255), a free, 24-hour hotline available to anyone in suicidal crisis or emotional distress. Your call will be routed to the nearest crisis center to you.

- **Call for yourself or someone you care about**
- **Free and confidential**
- **A network of more than 140 crisis centers nationwide**
- **Available 24/7**

Suicide prevention resources:

Nebraska State Suicide Prevention Coalition:
www.suicideprevention.nebraska.edu

Nebraska Rural Response Hotline:
(800) 464-0258.

Department of Health & Human Services
DHHS
NEBRASKA

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Nebraska Office of Rural Health
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Division of Public Health
P.O. Box 95026
Lincoln, NE 68509-5026
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ACCESSory Thoughts

Thanks to The Family!

Dennis Berens, Director
Nebraska Office of Rural Health

It was wonderful to see The Family gather at this year's annual Rural Health Conference in Kearney. Beautiful new location, good food and lots of wonderful discussion and reconnecting.

A number of people at the conference told me how great it was to be with a group of people who don't argue, fight or draw lines in the sand. "They listen and really care about my concerns." Does it get any better than that in our world?

I mention this as a compliment to the many rural health partners around our state who work hard to improve our access to health and health care in rural Nebraska. In addition, I think we now need to take this family relationship, built on trust, to a new level. We need to bring the communities that we live and work in into The Family.

At our conference we heard many perspectives on the issues facing rural areas and rural health providers. We are beginning to feel some of those challenges, and we are looking for new solutions. I think we know one of those solutions: It's using the power of the extended family.

It is time that we bring our fellow citizens to this complex health and health care table and do the community planning needed to adjust and in some cases overcome the changes that could hurt our family and friends. We need to begin designing and building the new rural health infrastructure model or models.

Who better to help us than the citizens who will use this new model and who always are involved in paying for the models? Community planning should be our goal, and collaboration among our neighboring communities should be our strategy. Remember they are family, also.

This will take leadership, and that is what we all need to work on. Who in your community has the passion and the connections to bring the local community together to talk about sustainability and redesign of the local/regional health care model? How can we support them, and how can we get them the best information possible in order to make the best possible decisions?

Remember, this is about family. We know how to get along and get things done. ☐